

STATE OF NEW YORK

DEPARTMENT OF HEALTH

JAYLA NAIRA EBEL

FULL NAME OF CHILD:

SEX: FEMALE

DATE OF BIRTH: OCTOBER 23, 2003

TIME OF BIRTH: 06:40 [] A.M. [X] P.M.

PLACE OF BIRTH: FRANKLIN HOSPITAL MEDICAL CENTER
NORTH VALLEY STREAM, NEW YORK

MAIDEN NAME OF MOTHER: ANNA PAULA OLIVEIRA DA SILVA

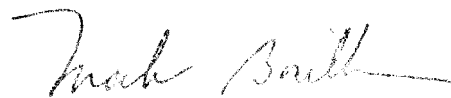
NAME OF FATHER: GARY R. EBEL

DATE FILED: OCTOBER 29, 2003

LOCAL REGISTRATION NO.: 3228

This is to certify that the information concerning the birth of the above named person is a true and accurate transcription of the information recorded on the original local certificate of birth on file with the local registrar of THE TOWN OF HEMPSTEAD, New York.

Name of Locality



Signature of Local Registrar

Date NOVEMBER 5, 2003

N.Y.

Do not accept this transcript unless the raised seal of the issuing locality is affixed thereon.

Any Alteration Invalidates This Certificate

See Reverse Side For A List of Security Features Used In This Form

DOH 2673 (9/2002)

VALID DOCUMENT CONTAINS WATERMARK OF STATE SEAL ON BACK - HOLD UP TO LIGHT TO VALIDATE